

## **TESTIMONY IN SUPPORT OF HB 5307**

**Dr. David A. Damari**

Good morning, Madame Chair and members of the House Education Committee. I am Dr. David A. Damari, Dean of the Michigan College of Optometry at Ferris State University in Big Rapids. I have been the sole consultant on visual disability to the National Board of Medical Examiners, administrators of the United States Medical Licensing Examination, and to the National Board of Osteopathic Medical Examiners, who offer the Comprehensive Osteopathic Medical Licensing Examination, for the past 20 and 12 years, respectively. In my capacity as their consultant, I can tell you that eye surgeons in both those professions readily recognize the importance of the eye coordination, eye movements, and focusing to reading and test-taking, and consistently write letters to those testing organizations claiming that these conditions qualify medical students as disabled under the Americans with Disabilities Act. School-based visual screenings have never been adequate to detect the presence of these conditions in students. Pediatricians do not have the time to test for these conditions in the course of their busy day, despite what eye surgeons who are fellows of the American Academy of Pediatrics write in policy statements. In fact, a study released in the journal Pediatrics several years ago showed that over 60% of children with amblyopia were screened multiple times at their pediatricians' offices and it was not detected until these children finally received a comprehensive eye examination with an optometrist or an eye surgeon.

Representative Ken Yonker felt so strongly about the impact these visual conditions might be having on our children's academic performance and budget for special education that he helped Ferris State University's Michigan College of Optometry obtain an Innovation Grant from the Department of Community Health in 2014. Members of our faculty worked with the administration of Riverview Elementary in Big Rapids to screen all the second grade students. We identified 29 with substantial, previously undetected visual problems. We performed vision therapy on 17 of these students right in school each week for 10 weeks. The data have been collected before and after intervention and are currently being analyzed by a biostatistician at the College of Health Professions at Ferris.

What compelled Rep. Yonker to ask for this pilot program was the NIH-sponsored Convergence Insufficiency Treatment Trial. This multi-center, multi-disciplinary, gold-standard study looked at various time-honored treatments for a condition that has been universally acknowledged to cause attention problems and a host of problematic symptoms during reading and other visual tasks. Up to 15% of school-aged children and over 10% of adults may be affected with this condition. It is not detected with pediatrician or school-based visual screenings. It found that most treatments that had been prescribed for years but never tested for effectiveness, such as prism glasses or pencil push-ups, were no more effective than placebo. The only treatment found to be effective was a strict regimen of 12 weekly therapy sessions, and that this treatment was 95% effective. Think about the difference in cost for up to 20-30% of our children who have been misdiagnosed with learning disabilities and placed in an individualized education program, where they receive interventions that are not addressing the actual cause of their academic difficulties.

Finally, we appreciate your consideration of HB 5307, which could be an important component of ensuring that all children in Michigan have the necessary visual functioning to be proficient at reading by third grade.

Thank you.